Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	010680	A. BUILDING: _____ B. WING _____	R 02/28/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KEEPSAKE VILLAGE OF COLUMBUS	2564 FOXPOINTE DR COLUMBUS, IN 47201

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	INITIAL COMMENTS This visit was for a Post Survey Revisit [PSR] to the State Residential Licensure Survey. Survey Date: February 28, 2013 Facility number: 010680 Provider number: 010680 AIM number: N/A Survey Team: Angel Tomlinson RN TC Barbara Gray RN Census bed type: Residential: 37 Total: 37 Census payor type: Other: 37 Total: 37 Sample: 5 Keepsake Village of Columbus was found to be in compliance with 410 IAC 16.2 in regard to the PSR to the State Residential Licensure Survey. Quality review 3/04/13 by Suzanne Williams, RN	{R 000}		